Foster Family Home - Corrective Action Report

Provider ID:

1-562597

Home Name:

Regina Dela Vega, CNA

Review ID:

1-562597-6

1018 A Kalihi Street

Reviewer:

David Ayling

Honolulu

HI 96819 Begin Date:

6/19/2018

End Date: 9/7/18

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1)

Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 2 person CCFFH recertification review made on 6/19/18. Corrective Action Report issued during home visit with all items due to CTA by 7/19/18.

6.(d)(1) - see applicable sections of the review

Foster Family Home

Background Checks

[17-1454-7.1]

7.1.(a)(2)

Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

7.1.(a)(2) - APS/CAN expired for CG #1 and CG #2. Not done until 9/12/17 for CG #1(expired on 6/12/17). Not done until 6/1/18 for CG #2(expired on 6/12/17).

Foster Family Home

Client Care and Services

[17-1454-43]

43.(b)

One bed in each home shall be reserved for Medicaid recipients.

Comment:

43.(b) - Currently only has 1 private pay patient.

Compliance Manage

6/19/2018 22:47 PM

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Community Care Foster Family Home (CCFFH) Written Plan of Correction for Deficiencies Listed in Corrective Action Report

Chapter 17-1454

CCFFH Name: Leging delategg CCFFH Address: 1018 A Haliti Street. Horolyly Hawaii 96819

Horolyly Hawan 761/				
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Primary Caregiver's Signature: Legnal debuy

Print Name: LEGINA DELA EGA Date of Signature: 6/19/18